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Understanding Nurse’s Cognitive Ability in Coping with Stressful Working Environment and the Experiential Avoidance Aggravate the Process

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Abstract
Nurses are critical frontline at a covid-19 pandemic hospital, working around the clock, have exposed to the high risk of infection and in the meantime, they take care of their husband, children, parent, and others at home. They are in the stress working condition that they need to enhance cognitive ability to better coping with stress encountered at covid-19 pandemic hospitals. The present study proposed both the emotionally intelligent and growth mindset simultaneously used to improve nurse’s cognitive ability to be better coping with stressful working conditions. Precisely, a study investigates emotional intelligent outcomes of direct and indirect (through the growth mindset) impact better coping with stress working environment. The notion of indirect effect based on positive emotion theory proposed a positive emotion broaden an individual’s momentary thought-action repertoire, present study counseled is a growth mindset and the cognitive ability anticipated to produce better coping with stress working environment. Moreover, growing recognition how individuals regulate emotional experiences intriguing present study to investigate the moderating impact of experiential avoidance to the cognitive ability study and coping with stress. To test the idea, data will be collected from nurses at the covid-19 pandemic hospital. To minimize potential common method bias, data will be collected at two points in time separated by a four-week interval. The result of the present study anticipated to become one of the sources of reference for the government to prepare nurses to have a better cognitive ability to manage stress at pandemic hospital. Meanwhile, the contributes to the existing body of knowledge by establishing an unexplored indirect effect of emotional intelligence on coping stress through the mediation of growth mindset. In other words, the present study extends the existing literature on the emotional intelligent outcomes which are currently limited to work engagement, job performance, customer satisfaction, and student achievement. Meanwhile, the experiential avoidance appears to be a resistance factor of particular importance for understanding the phenomenology of coping with stress.
Keywords: Emotional Intelligent, Growth Mindset, Coping With Stress, Positive Emotion Theory

Introduction
Nowadays, nurses around the world facing great challenges and risks caused by the unexpected and unfamiliar virus attacks called coronavirus or famous as covid-19. In November last year, the virus began to spread from china, and today the world has been threatened by the virus, and hitherto of the present study writing is still a nightmare in some countries of American and Brazil, shown no sign of recovery. The pandemic has changed human being’s lifestyle as a whole and for nurses, the pandemic has triggered changes to the task, culture, and social interaction style. The unexpected and unplanned changes disrupted the routine work and life of nurses, a potential situation to expose to the work-related stress. According to Brooks (2017) changing at a workplace is the biggest potential for work-related stress. As for the nurses, various changes that have happened were working hours, work procedures, attire, job scope, and others, in the fighting with the dangerous virus.

In terms of working hours, usually, they work the normal shifts at a hospital, 7 am to 3 pm or 3 pm to 10 pm, and after 10 pm the on-call team will handle any procedures until 7 am the following day. However, due to the Covid-19 virus, shifts are not as clear cut and they can be called into work at any time (Nazari, 2020). For some hospitals whereby the recruitment of nurses happened, the work schedules have been revised to allow them to work 12-hour shifts for three days and then rest before working for another three days 12-hour shifts. At the hospital, nurses do not have scheduled breaks for breakfast, lunch, or dinner. Instead, they tend to take turns to eat so that there is always someone present in case anything happens.

Other than that, nurses are accountable to protect themselves from covid-19 infection to contain the spreading of the virus at the hospital is a critical place to safeguard. They are required to wear the complete set of Personal Protective Equipment (PPE) all the time during working hours. There are a lot of complicating from wearing PPE all the time. Nurses did complain about the hot flushes are so severe that they cannot tolerate full-body PPE and has to move to a different role, while others are finding that goggles and masks, in particular, are causing skin problems (S, 2020). Patients also complain about the serious obstacle to communication that faces masks create for people (including healthcare workers and patients) who are deaf or have hearing loss, and how frightening it can be to be cared for by people in full PPE. Moreover, nurses' appearance is also affected because after removing the PPE, they are required to shower using Chlorhexidine 4% body wash soap. This soap makes the skin dry and causes hair to drop, with some areas of the scalp starting to show (Dahali, 2020). The worse part is they are sometimes getting shower five times a day.

Furthermore, the covid-19 pandemic hospital also reshuffled nurses' task to accommodate with pandemic containment strategies and smoothness of hospital management. Started from the entrance of the hospital whereby patients will be screening and fill out a form to assess their Covid-19 infection risk upon admission. Nurses involved with the screening process are being at high risk of exposure to covid-19 infection (Dahali, 2020). In other situations, hospital management increased the number of nurse allocation in the Intensive Care Unit (ICU) to handle severely infected covid-19 patients. The new task directly exposes nurses to covid-19 infection.
In conclusion, the nurses' work environment and the lifestyle at the covid-19 pandemic hospital have tremendously change to deal with the pandemic and the changes are substantial potential to elevate employee stress. Therefore, preparing nurses to intensify their cognitive ability to cope with work-related stress is not an option at this moment. While in the future pandemic, the uncertainty of its attack justified the preparation to improve the nurse’s cognitive ability has to be immediate. The present study proposed that the emotionally intelligent and growth mindset as variables to improve the nurses’ cognitive ability and in turn they will be able to cope with work-related stress. Details on the emotional intelligence, growth mindset, and coping with stress will be discussed in the literature review.

Literature Review

Coping with Stress Working Environment

Old age is characterized by the influence of multiple and varied emotional experiences that often overwhelm the person. Sometimes, it may appear inability to manage some of these experiences, and lead to an increase in stress levels in the older adults. Due to the effects of stress on physiological and immunological functioning (Dhabhar, 2014), the accumulation of stressful events can affect well-being and health. And this would not only apply to the more significant or intense stressful events, but also to those minor stressors or daily problems that may have a cumulative effect and increase vulnerability to presenting physical and/or mental health problems (O’Neill et al., 2004). Regarding the association between coping strategies and depression, the meta-analysis of Bjorklof et al. (2013) signed that the majority of the studies, both cross-sectional and longitudinal, reported that emotion-oriented coping was positively related to more depressive symptoms and that more frequent use of problem-oriented (active strategies) coping was related to less depressive symptoms. Also, indicated that active and problem-focused strategies may act as adaptive coping strategies in times of stress and protect against symptoms of depression. In addition, some authors point out that older people move from a problem-focused coping style to one focused on emotion (Carver & Connor-Smith, 2010), so this change in strategies may favor the onset of depressive symptoms and hopelessness. Given the above, the evidence indicates that emotional intelligent plays a very important role in the emotional self-control and in the adaptive capacity of the individual to face stressful situations (Velasco, Fernandez, Paez, & Campos, 2006), enhancing the use of strategies that attenuate the negative emotions and keep the positive ones (Martinez et al., 2013). These effective strategies diminish the affective intensity in situations of conflict, increasing the levels of well-being. In addition, emotionally intelligent people have more coping strategies to deal with situations of crisis, acting as a protective factor hopelessness and negative feelings (Cha & Nock, 2009). Emotional intelligent and the relationship of each dimension with the coping strategies are decisive to preserve a good mood state in situations of stress (Geng, 2018). Thus, in this work, we start from the fact that the dimensions of emotional intelligent are determinants of the use of coping strategies. As reported, the repair is related to lower levels of stress (Ciarrochi et al., 2002), and as (Extremera & Fernandez-Berrocal, 2005) demonstrated, emotion recognition implies a lower investment of resources Cognitive factors that allow the evaluation of alternative. Therefore, given that they facilitate the ability to cope with different stressors, there should be a direct relationship between emotional intelligent and coping strategies.

Emotional Intelligent

The roots of emotional intelligence can be traced back to the work of Charles Darwin and his belief that emotional expression has a vital role in survival and adaptation. Baker &
Berenbaum (2007) built on these beliefs and introduced the idea of multiple intelligences, including interpersonal intelligence, the capability to understand other people’s desires, intentions and motivations, and intrapersonal intelligence which is the ability to understand one’s own feelings, motivations and fears. Even though the term “emotional intelligence” had been around for some time as it was coined in 1966 by Leuner, it was not until 1990 that a definition and comprehensive framework for this concept was given. The concept is defined as “the ability to monitor one’s own and other’s feelings and emotions, to discriminate among them, and use this information to guide one’s thinking and actions” (Cichy et al., 2009). Many studies have attempted to prove that emotional intelligence is a good predictor of job performance (Chen & Guo, 2020; Khosravi et al., 2020; Merida-Lopez et al., 2019). Result has shown high achiever recruiters significantly higher emotional intelligent compared to low performers, a study conducted on 1,171 U.S. air force recruiters (Nafukho, 2009). In another study, the performance indicators for combat soldiers are significantly different to performance indicators used in high technology and capital intensive environment such as the petroleum industry in which the study found a definitive relationship between emotional intelligence competencies and performance at work (Hourani et al., 2020; Mc Evoy, 2006). However, the association of emotional intelligent to growth mindset is interesting to discover. According to positive emotion theory proposed that a positive emotion broaden an individual’s momentary thought–action repertoire, one of which is growth mindset.

H1: The emotional intelligent is anticipated to have significant relationship to coping with stress work-related

**Growth Mindset**

Growth mindset is an individual difference. It is a dispositional belief to embrace the power of “yet” to achieve success even in times of hardships and failure. Mindset research has its origin in studies on learning strategies of individuals in schools and colleges (Dweck, 2006; Hong et al., 1999; Yeager & Dweck, 2012). The underlying idea is that individuals who endorse a relatively fixed mindset believe that personal traits and characteristics, such as intelligence and ability, are unchangeable and cannot be controlled or developed. Individuals with a growth mindset believe in the malleability of personal traits and characteristics (Murphy & Dweck, 2016). Education-oriented studies have shown that having a growth mindset is positively related to learning performance (Asbury, Klassen, Bowyer-Crane, Kyriacou, & Nash, 2016; Boyd, 2014; Dweck, 2006). Prior research has shown that mindset has an impact on resilience (Han & Stieha, 2020; Yeager & Dweck, 2012). Individuals, who believe that they are not defined by their past behavior and can change and develop, are better able to respond to challenging situations. They perceive difficult situations and setbacks as opportunities to learn and grow. When individuals believe that they can alter basic traits by making an effort, they are motivated to give their best and ameliorate those traits (Yeager & Dweck, 2012). Mindsets are found to play a role in performance appraisals (Heslin & VandeWalle, 2011), employee coaching (Heslin & Keating, 2016), leadership performance (Hoytet al., 2012), negotiation performance (Kray & Haselhuhn, 2007), work passion (P. Chen, Ellsworth, & Schwarz, 2015) and job and life satisfaction (Burnette & Pollack, 2013), while present study anticipated the association between growth mindset to the coping with stress.

Thus, the hypothesis developed

H2: The growth mindset is anticipated to have significant relationship to coping with stress.
Positive Emotion Theory
The broaden-and-build theory describes the form and function of a subset of positive emotions, including joy, interest, contentment and love. A key proposition is that these positive emotions broaden an individual’s momentary thought–action repertoire: joy sparks the urge to play, interest sparks the urge to explore, contentment sparks the urge to savour and integrate, and love sparks a recurring cycle of each of these urges within safe, close relationships. The broadened mindsets arising from these positive emotions are contrasted to the narrowed mindsets sparked by many negative emotions (i.e. specific action tendencies, such as attack or flee) (Caniels et al., 2018). A second key proposition concerns the consequences of these broadened mindsets: by broadening an individual’s momentary thought–action repertoire—whether through play, exploration or similar activities—positive emotions promote discovery of novel and creative actions, ideas and social bonds, which in turn build that individual’s personal resources; ranging from physical and intellectual resources, to social and psychological resources. Importantly, these resources function as reserves that can be drawn on later to improve the odds of successful coping and survival (Hoffman, 2017). This chapter reviews the latest empirical evidence supporting the broaden-and-build theory and draws out implications the theory holds for optimizing health and well-being.

H3: The emotional intelligence is anticipated to have a significant relationship to growth mindset
H4: The growth mindset is anticipated mediate the relationship between emotional intelligent and coping with stress

Experiential Avoidance
The literature on avoidance focuses on the tendency of individuals to avoid stressful experiences or the perceived source of stress. By definition, the avoidance is the “tendency to negatively evaluate, escape and avoid aversive private experiences” (Gerhart et al., 2014, p. 291). It consists of two parts: the unwillingness to remain in contact with the aversive private experiences, and the action taken to avoid the perceived source of the aversive experiences (Spinhoven et al., 2014). Present study to emphasize that the concept of “aversive experiences” is a relative perception. This is akin to a scenario in which parents ask their children “why is it so hard for you to […]?”; although the task may be easy and straightforward from the perspective of the parents, the children may perceive it to be a feat. Likewise, for individuals who feel trapped in a job, they may perceive completion of the “simplest tasks” as aversive experiences. For example, for those who perceive themselves to be underemployed, they may perceive the task of helping colleagues to make a cup of coffee or to photocopy documents as extremely aversive experiences, as their allocation of these “simple tasks” might be taken as an insult to their competencies. When individuals are confronted with stresses from sources that they believe they cannot conquer, they may exhibit experiential avoidance. For example, Bardeen et al (2013) conducted two studies to investigate the relationship between experiential avoidance, anxiety sensitivity, and perceived stress. In both studies, the authors found that experiential avoidance was highly correlated with perceived stress. On the other hand, Kashdan, Barrios, Forsyth, & Steger (2006) found negative relationships between experiential avoidance with life satisfaction ( β ¼ −0.10, po0.001) and presence of meaning in life ( β ¼ −0.14, p o 0.001). That is, individuals
who are not satisfied with their life will usually exhibit experiential avoidance. Hence, when faced with adversaries, some individuals will tend to avoid them.

Although such avoidant behavior is unlikely to contribute to the resolution of these individuals’ problems, it can at least bring moments of inner peace to them, and hence be an effective way to cope emotionally in the short term (Kashdan et al., 2009). A subfield of avoidant behavior research focuses on the therapeutic effect of avoidant behavior when it is used as a form of coping strategy. The concept of coping was introduced by Lazarus (1966) to refer to the way in which people approach and react to stressful situations. Avoidance coping refers to coping behaviors that are associated with the avoidance of certain thoughts and/or behaviors to avoid a perceived stressor, or to alleviate the negative affect that is associated with the perceived stressor (Karekla & Panayiotou, 2011; MacNeil et al., 2012). It is one of the three main types of coping behaviors (which are problem-focused, emotion-focused, and avoidance-focused coping) (Karekla and Panayiotou, 2011). Typical forms that avoidance coping can take include distraction and behavioral disengagement (Karekla and Panayiotou, 2011). Interestingly, while experiential avoidance and avoidance coping are both about individual tendencies to avoid perceived stressors, it seems as though the therapeutic version of avoidance behavior is empirically distinguished from its generic counterpart. For example, Karekla and Panayiotou (2011) conducted a study on a sample of 197 Greek-Cypriot adults and found that experiential avoidance was weakly correlated with avoidance coping behaviors such as self-distraction (|r| ¼ 0.28, p<0.01) and behavioral disengagement (|r| ¼ 0.38, p<0.01). Thus, when utilized in the appropriate way, avoidant behavior can act as a form of coping mechanism that defends the individuals’ mental wellness against stressors, thereby circumventing behavioral disorders. The present study emphasizes that people with low experiential avoidance significant to perceive stress (Bardeen, Fergus, & Orcutt, 2013), on the other hand people with high experiential avoidance anticipated produce better result to coping with stress work-related.

Thus, the hypotheses developed

H5: The experiential avoidance is anticipated moderate the relationship between growth mindset with coping work-related stress that is high experiential avoidance is better to coping work-related stress.
The present study research design determined according to the input from reviewing on the ontology and epistemology knowledge. According to theory of being (ontology), the subject of study is nurses categorized as social kind following the social actor (nurses) existed at an organization, specifically at hospital or clinic. The nurse’s performance is depending on the social phenomena of emotional intelligent and growth mindset, defined as objectivism/essentialism. Meanwhile, the epistemology is the theory of knowledge (positive emotional theory) elucidated the positivism of the relationship between social phenomena and performance of social actor. In other words, the theory anticipated positive relationship between emotional intelligent and growth mindset to the nurses coping stress. All in all, the ontology and epistemology inclined to quantitative research paradigm to disentangle the research questions and achieve the research objectives.

Research Methodology

Research Design
The present study research design determined according to the input from reviewing on the ontology and epistemology knowledge. According to theory of being (ontology), the subject of study is nurses categorized as social kind following the social actor (nurses) existed at an organization, specifically at hospital or clinic. The nurse’s performance is depending on the social phenomena of emotional intelligent and growth mindset, defined as objectivism/essentialism. Meanwhile, the epistemology is the theory of knowledge (positive emotional theory) elucidated the positivism of the relationship between social phenomena and performance of social actor. In other words, the theory anticipated positive relationship between emotional intelligent and growth mindset to the nurses coping stress. All in all, the ontology and epistemology inclined to quantitative research paradigm to disentangle the research questions and achieve the research objectives.

Sources of Data
Following the quantitative research paradigm, present study using self-administered questionnaire to collect data from respondent. The self-administered helps to minimise the tendency of social desirability bias to take place whenever sensitive data are requested (Dillman, 2007). The present study also to conduct preliminary data analysis to free from biases, redundancy/duplication and missing value and the final input is guarantee high quality of the data. Finally, to minimize potential common method bias, data will be collected at two points in time separated by a four-week interval.

Population
The data collection is from nurses those who are working at covid-19 pandemic hospital.

Sampling Size
The size of sample is based on calculates the sample size using calculator developed by (Soper, 2020). The calculator given both the minimum sample size required to detect the specified effect, and the minimum sample size required given the structural complexity of the model. The calculator includes the number of observed and latent variables in the model, the anticipated effect size, and the desired probability and statistical power levels to generate
sample size. Latent variable means the number of the item used and latent observe is the number of the variable used in study (Soper, 2020). Present study having three (3) latent observed and forty-three (43) latent variables to include in the calculator. Researcher in determine the effect size of this study refers to 0.15 which is the smallest effect difference between study variables, is the best effect choice (Soper, 2020). In terms of desired probability and statistic power level, Cohen (1988) suggested a study should be designed in such a way that they have an 80 percent probability of detecting an effect when there is an effect there to be detected. In other words, a study should have no more than a 20 percent probability of making a Type II error (recall that power = 1 – β). Cohen (1988) argues that this figure represented a reasonable balance between alpha and beta risk. Cohen reasoned that most researchers would view Type I errors as being four times more serious than Type II errors and therefore deserving of more stringent safeguards. Thus, if alpha significance levels are set at 0.05, then beta levels should be set at .20 and power (which = 1 – β) should be .80. Cohen’s four-to-one weighting of beta-to-alpha risk serves as a good default that will be reasonable in many settings (Ellis, 2010). Thus, this study determined the desired probability/alpha significant is 0.05 and the statistic power level is 80 percent as recommended by (Cohen, 1988).

Accordingly, present study performed the calculation based on recommended procedures resulted minimum sample size to detect an effect is 500 students, minimum sample size for the model structure is 620 and recommended minimum sample size is 620. Thus, researcher exerted that the number of sampling for this study should be 620 students as per recommended by the “A-priori Sample Size Calculator for Structural Equation Models” (Soper, 2016).

**Sampling Technique**

Present study proposed using simple random sampling technique to generate number of samples from the population. However, the implementation is slightly different and more complicated than normal procedure. Present study referred to specific technique called multistage sampling technique is appropriate technique to use for a research involve with scathed population and cumbersome procedure to adhere (Stopher, 2011). The technique executed in a systematic way to generate list from the scathed population. From the list of nurses at covid-19 pandemic hospital, the simple random sampling technique will be executed. The data will be collected at two points in time separated by a four-week interval to minimize potential common method bias (Podsakoff et al., 2012).

**Questionnaire Design**

*Demographic Factors*

Five questions included in this section are gender, ethnicity, age, marital status and working experience. This section will be allocated at the last part of questionnaire design simply because to avoid negative feelings about the provision of personal information impacting on the answering behaviour or participation (Lietz, 2010).

*Coping with work-related stress*

Coping Strategies Questionnaire This 42-item, self-report measure (Likert scale from never [0] to almost always [4]) was designed to assess seven basic coping styles reflecting a tendency to react in a certain manner in the presence of a stressor: (1) problem-solving coping (“I tried
to fix the problem by following well thought-out steps’’; (2) negative self-focused coping (’’I resigned myself to accepting things as they were’’); (3) positive reappraisal (’’I realized other things mattered more to me than this problem’’); (4) overt emotional expression (’’I took my bad mood out on others’’); (5) avoidance coping (’’I tried to forget everything’’); (6) social support seeking (’’I found a family member or friend to listen when I needed to express my feelings’’); and (7) religious coping (’’I had faith that God would remedy the situation’’). This questionnaire was developed by (Gaudreau & Blondin, 2002). Confirmatory Factor Analysis was applied to these seven coping dimensions to test a two-factor solution: problem-focused coping and emotion-focused coping. Problem-focused coping encompassed problem-solving coping, positive reappraisal, and social support seeking. Emotion focused coping included negative self-focused coping, overt emotional expression, avoidance coping, religious coping, and social support seeking. This two-factor model has been defended in the literature (Baker & Berenbaum, 2007).

**Emotional Intelligent**

Emotional Intelligence: All participants gave their responses based on sixteen items of emotional intelligence scale, and the scale was generated from Wong & Law (2002). The sample question of EI is “I have a good sense of why I have certain feelings most of the time”. The items were rated on a scale ranging from 1 = “Strongly disagree” to 7 = “Strongly agree”). Meanwhile, the Cronbach’s Alpha was reported (.78) (Cary & Goleman, 2001).

**Growth Mindset**

Participants completed an eight-item implicit theory of intelligence (Dweck, 1990) assessment on a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher numbers represent more incremental theories (α = .82). An example item is “You have a certain amount of intelligence, and you can’t really do much to change it.”

**Experiential Avoidance**

Acceptance and Action Questionnaire–II (AAQII). The AAQ-II (Bond et al., 2011) is a 7-item self-report measure that assesses one’s ability to remain in contact with painful and negative private events (e.g., I’m afraid of my feelings, My painful memories prevent me from having a fulfilling life). Higher scores on the AAQ-II are indicative of higher levels of experiential avoidance. The AAQ-II has demonstrated adequate psychometric properties (Bond et al., 2011). Internal consistency for the AAQ-II in the present sample was excellent (α = .93).

**Theoretical Contribution**

The contributes to the existing body of knowledge by establishing unexplored indirect effect of emotional intelligent on coping stress through the mediation of growth mindset. In other word, the present study extends the existing literature on the emotional intelligent outcomes which are currently limited to work engagement, job performance, customer satisfaction and student achievement.

On top of that, the role of the experiential avoidance simultaneously being assessed in the present study together with emotional intelligent and growth mindset that is in-depth study on the likelihood of individual concept contribute to coping with work related stress. A similar concept that infrequently can be found in literature become one of the present study novelties.
References

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